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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)	
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)		K	2291.0100
Application Number 09/827,476-Conf. #6147		Filed	April 6, 2001
Application Number 65/621,476 Com. No. 11			
For COMMUNICATION TERMINAL DEVICE		·	
Art Unit 2178		Examiner	T. V. Huynh
This is a request under the provisions of 37 CFR 1.13 identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
	<u>Fee</u>	Small Entity F	
X One month (37 CFR 1.17(a)(1))	\$120	\$60	\$ 120.00
Two months (37 CFR 1.17(a)(2))	\$450	\$225	<u> </u>
Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
Applicant claims small entity status. See 37 C A check in the amount of the fee is enclosed. X Payment by credit card. Form PTO-2038 is att The Director has already been authorized to claim X The Director is hereby authorized to charge an Deposit Account Number 50-2215	tached. narge fees in this a ly fees which may		edit any overpayment, to
I am the applicant/inventor. assignee of record of the entire interest. See 37 CFR 3.71.			
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
attorney or agent of record. Registration Number			
x attorney/by agent under 37 CFI		40.000	
Registration number if acting un	der 37 CFR 1.34	42,336	 ·
		May 3, 2006	
Signature		Date	
Ian R. Blum Typed or printed name		(212) 896-5458 0 5/04/20時日初日本日 N日田日日2 09827 476	
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if models of the entire interest or their representative(s) are required. Submit multiple forms if models of the entire interest or their representative(s) are required. Submit multiple forms if models of the entire interest or their representative(s) are required.			
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Total of 1 forms are submitt	cu.		